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10/017,652	12/12/2001	John J. Janas III	CLCOCO P01AUS	9321
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EXAMINER				
RANGREJ, SHEETAL				
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

### Office Action Summary

**Application No.**

10/017,652

**Applicant(s)**

JANAS ET AL.

**Examiner**

SHEETAL R. RANGREJ

**Art Unit**

3626

**Period for Reply** -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 12 March 2008.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-9, 11-19, 21 and 22 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-9, 11-19, and 21-22 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/S508)
- Paper No(s)/Mail Date \_\_\_\_\_
- 4) ☐ Interview Summary (PTO-413)
- Paper No(s)/Mail Date \_\_\_\_\_
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: \_\_\_\_\_

***Prosecution History Summary***

1. Claims 10 and 20 are cancelled.
2. Claims 1-9, 11-19, and 21-22 are pending.

***Claim Rejections - 35 USC § 103***

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1-9, 11-19, and 21-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (6,283,761) in view of Campbell et al. (6,047,259) and further in view of Ryan (5,809,476).
5. As per claim 1, Joao teaches a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:
  - at least one medical record relating to a patient (**Joao: abstract; col. 11, 65 to col. 12, 17**);
  - at least one medical support database including medical guidelines for the diagnosis and treatment of the medical condition (**Joao: col. 16, 33 to col. 18, 20**).

Joao, however, fails to expressly teach a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations; and

-a medical support process including at least one process phase each process phase including one or more process operations;

-each of the process operations of a process phase including;

-at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user; and

-at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations, wherein;

-the support processes execute an interactive dialogue between the medical support process and the user to provide guidance to the user in performing the

medical support process according to the guidelines and dependent upon the user inputs and the medical record;

-wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input.

Nevertheless, these features are old and well known in the art as evidenced by Campbell. In particular Campbell discloses a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a medical support process including at least one process phase each process phase including one or more process operations (**Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14**);

-each of the process operations of a process phase including;

-at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user (**Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14**); and

-at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations, wherein (**Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14**);

-the support processes execute an interactive dialogue between the medical support process and the user to provide guidance to the user in performing the medical support process according to the guidelines and dependent upon the user inputs and the medical record (**Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14**);

-wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input (**Campbell: abstract; col. 17, 8-22; col. 18, 7-10**).

Campbell, however, fails to expressly disclose a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations.

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

Nevertheless, these features are old and well known in the art, as evidenced by Ryan. In particular, Ryan discloses a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations (Ryan: col. 4, 9-50).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Ryan with the teachings of Campbell and Joao with the motivation that in medicine there are tens of thousands of words which express different concepts and numerous similes with different meanings (Ryan: col.1, 11-21).

6. As per claim 2, Joao discloses the medical support system of claim 1, wherein a medical support process includes:

-a data phase for entering new information and reviewing historical information pertaining to the medical condition of the patient for the purposes of the medical support process (Joao: abstract; col. 19, 64 to col. 20, 8); and  
-an assessment phase for evaluation of the patient's present medical condition based upon the

information from the data phase and the guidelines for the diagnosis and treatment of the medical condition (**Joao: abstract; col. 18, 65 to col. 19, 7; col. 24, 12 to col. 27, 8**).

7. As per claim 3, Joao discloses the medical support system of claim 2, wherein a medical support process further includes:

-a recommendations phase including process operations and guidelines to assist the user in determining a course of treatment for the patient (**Joao: abstract; col. 11, 65 to col. 12, 17; col. 16, 33 to col. 19, 31**).

8. As per claim 4, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the process form fields include fields for the display and entry of data, text, prompts, messages and user decision options.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the process form fields include fields for the display and entry of data, text, prompts, messages and user decision options (**Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

9. As per claim 5, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the process form fields include process fields containing process calls invoking corresponding support processes upon corresponding user inputs to the process fields.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the process



form fields include process fields containing process calls invoking corresponding support processes upon corresponding user inputs to the process fields (**Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

10. As per claim 6, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the support operations include first support processes for invoking second support processes dependent upon user inputs.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the support operations include first support processes for invoking second support processes dependent upon user inputs (**Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

11. As per claim 7, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the support processes include support processes for displaying a next process form.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the support

processes include support processes for displaying a next process form (**Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

12. As per claim 8, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the support processes include support processes for modifying the information displayed in a present process form.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the support processes include support processes for modifying the information displayed in a present process form (**Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

13. As per claim 9, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the medical support databases reside within the support processes.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the medical support databases reside within the support processes (**Campbell: col. 3, 33 to col. 5, 67; figures 1-14**).

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information (**Campbell: col. 1 49-61**).

14. As per claim 21, Joao discloses the medical support system of claim 1, wherein user input used to override the guidance is entered in the medical record (**Joao: col. 19, 65 to col. 20, 4**).

15. Claims 11-19 and 22 substantially repeat the same limitation of claims 1-9 and 21, and therefore, are rejected for the same reasons given for those claims.

***Response to Arguments***

16. Applicant's arguments with respect to claims 1-9, 11-19, and 21-22 have been considered but are moot in view of the new ground(s) of rejection.

17. Applicant argues that Campbell does not disclose modifying the guidelines that dictate the therapy as claimed in the instant application. Applicant further argues that Campbell simply does not disclose that the “guidelines are dynamically updated based on user input.” Examiner disagrees. Campbell does teach, suggest and otherwise discloses the aforementioned features. For example, Campbell teaches that a doctor can alter the treatment protocol by changing the status of a therapy item from recommended to required or vice-versa and may even add additional items to the protocol (i.e. override and dynamically update the guidance based on user input). Campbell further teaches for example, the doctor selecting a diagnosis, server removing that diagnosis from the rule-out list, adding that diagnosis to the tentative diagnosis and updating the list of possible diagnosis (i.e. wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input).

***Conclusion***

18. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571)270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

SRR

/Robert Morgan/  
Primary Examiner, Art Unit 3626